Kitzmiller, Md. 21538

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

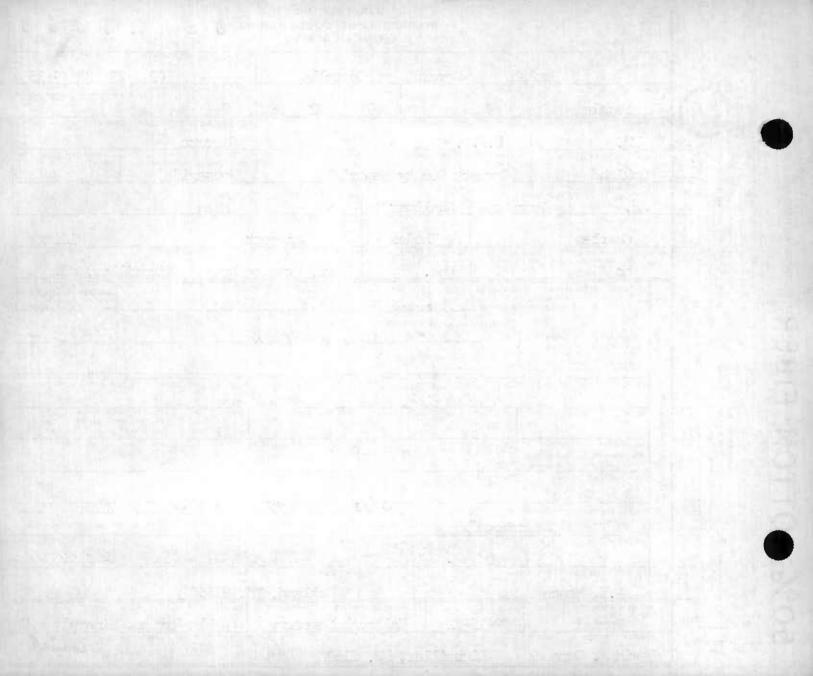
CERTIFICATE OF DEATH

FOR

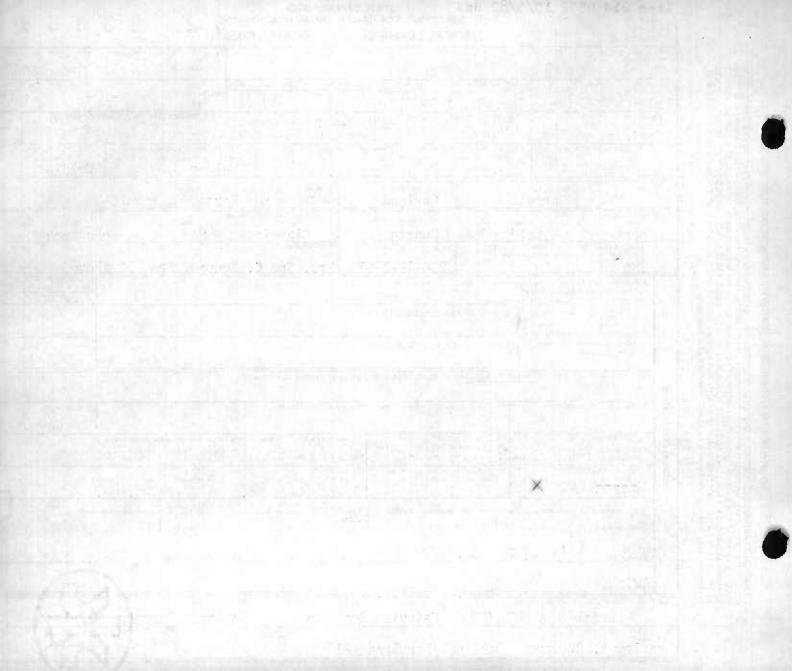
- STATE

DHMH - 16 50M 1/B1 (VRA 15. 4)

David A. Burdock



12/1	_ FOR	d G572 10	0/5/82 da			MARYLAND H AND MENTAL F	HYGIENR 9	2 3	8 5	0
	- STATE REGISTRAR		ME	DICAL EXAM	AINER'S	CERTIFICATE C	OF DEATH REC	G. NO.	0 2	
	1. DECEASED NA	ME FIRST		MIDDLE		LAST	20 DATE KNOW	NXX MONTH	DAY YEAR	2b. HOUR
A CORD		BON	INY	MILLER		DUNCAN	OF ESTI- DEATH MATEI	9-10	-82	640Pm
五百百五萬	3 SEX	4. RACE	5 DATE OF BIRTH		IN YEARS IF L	INDER I YR. IF UNDER	R 24 HRS. 2c. DATE MIN. PRONOUNCED	9-10	O2	7:15P
SARY H ALDINE YOUN STON ST	Male	White			YRS.		DEAD		19	1.12
ERAS ERAS ITHII	70. BIRTHPLACE FOREIGN COUNTRY	()	7b. CITIZEN OF WI	HAT COUNTRY?	8 MAR	RIED X NEVER MARR	IED L	TY OR COUNTY	OF DEATH	
AND SOLVE	Virginia LIA CITY OR TOWN		USA	DITAL NURSING		WED DIVORC	GED Garrett		KIND OF BUS	MD.
A SEE			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDI	(ESS)		FOR MOST OF WORKING LISE		OR INDUSTR	!Y
SOS R PO	Deer Pa	rk E (IF IN NURSING HOME	Bausch OR OTHER INSTITUTION, GI	&Lomb Opt	MISSIONI	.p	Welder		Welding	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PRITING THE WORDS" "FENDING" IN PERCIL IN 1EM. 18. GIVE PAGES 1, 2, AND 3 TO THE FUNRAL DIRECTO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOURS 3 SHOULD BE USED SA BURRAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION QEVITAL RECORDS, 2011 "RESTON STOP PRICE TO BURRAL, CREMATION, OR REMOVAL.	130. STATE	I.   Garr	ett	Oaklar	nd d	YES NO X	Route #5.	Box 76-L		
E. MD.	14. FATHER'S NAM		MIDDLE	LAST		15. MOTHER'S MAID			LAST	
ORE, MI DEATH. AGES 1, AM P.M. 1 AND 2 OF VITA	Bert		Caldwell	Duncar		Claudi		Rob	ertson	
IMO PAC PAC ON O	160 WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADD	RESS		
SALT SIVE SIVE VISIC	No			228-48-		Mrs. Sue	C. Duncan, Se			
TON ST., BALTIMORE, M. 124 HOURS AFTER DEATH 11TEM 18, GIVE PAGES 1, ALONG WITH FORM PM. 7 FERMIT, PAGES 1 AND 2 7 GIENE, DIVISION QE VITA 10 O'VAL.	18 CAUSE PART I	OF DEATH (Enter or DEATH WAS CAUSE	nly one cause per line						APPROXIMATE BETWEEN ONSET	AND DEATH
ON TEM H	9-		TE CAUSE (o)	AS A CONSEQUE					Secor	ids
HIN HEST	7 Condit	ons, if any, which		AS A CONSEQUE	ACE OF					
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ZOI JTED IN P IN P IAL-	lying c	ouse last.	(c)							
RECORDS, D BE EXECT FRUDING: MEDICAL A ASTA BAITH AND CREMATIC	PART 2 DTHER	SIGNIFICANT CONDITIONS		BUT NOT RELATED TO TH	TERMINAL DISE	ASE OR CONDITION GIVEN IN PA	IRT 1 (a).			
BE E SAS A SETTH	No L									
SEP AR	190 DATE C	F OPERATION	196 CONDI	TION FOR WHICH	OPERATION '	WAS PERFORMED?			O AUTOPSY?	
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N ON		IG KOR TING CAUSE OF	HOUR AM	9-10-82	YEAR		ED LENTER NATURE OF INJURY IN 170 M 'struck high			
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DIV RELIEFE	WHILE_ AT WORK	NOT WHILE	0	hind	D.	STREET AUSCH&Lomb	CITY OR TOWN	DI MA	1	STATE
E. THIS F. WARI RWARI STATE										
A S C E H N	death resu		ge of the remains des	Accident ,	Suicide L	psy XX, Inspectio	Undetermined manner	and in my apinio	on	
KAN FRTIF APYTH APYTH	dedin reso	h /	A	Accident LA	Suicide [	TITLE (SPECIFY)	Onderermined manner (			
A A L CO C E. W. TH.	ACTUAL SIGNATUR	Moul	erte of	eyonell		M.D. Assistan	MEDICAL EXAMINER	DATE SIGNED	9_11_82	
NOR SET	EXAMINER'	SNAME		V		7133130411			J 11 01	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURSEASTED THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG IT OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYTAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(TYPE OR PI	(INI)	rgarita A	. Korell.	M.D.	_ADDRESS1_1OR CREMATORY	Penn Street			
	230. BURIAL, CREM (SPECIFY)	ATION, REMOVAL	23b. DATE				23d. LOCATION CITY OR TOWN	COUNTY	STA	ATE
BP	24 FUNERAL DIRI		9/13/82	Fairvi	ew cer	25a DATE	Oakland, Ga	rrett, M		1
DHMH - 17 (VR A15 ME (5))	Bradlev	A. Stewar	t Oakla	nd, Maryl	and 2	21550 SEF	2 0 1982	and a	shield	
20M 4/82			- Cantra	11-3 1141			VI VI			

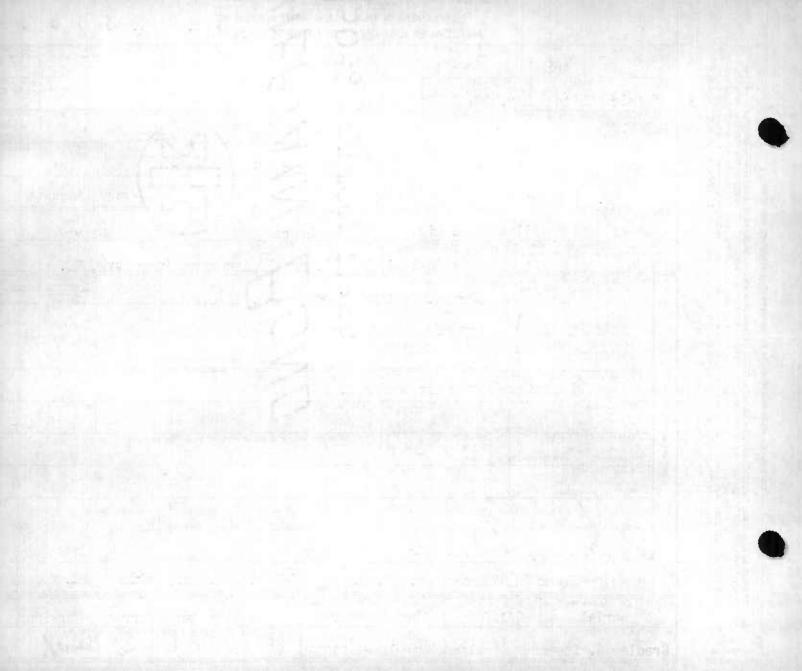


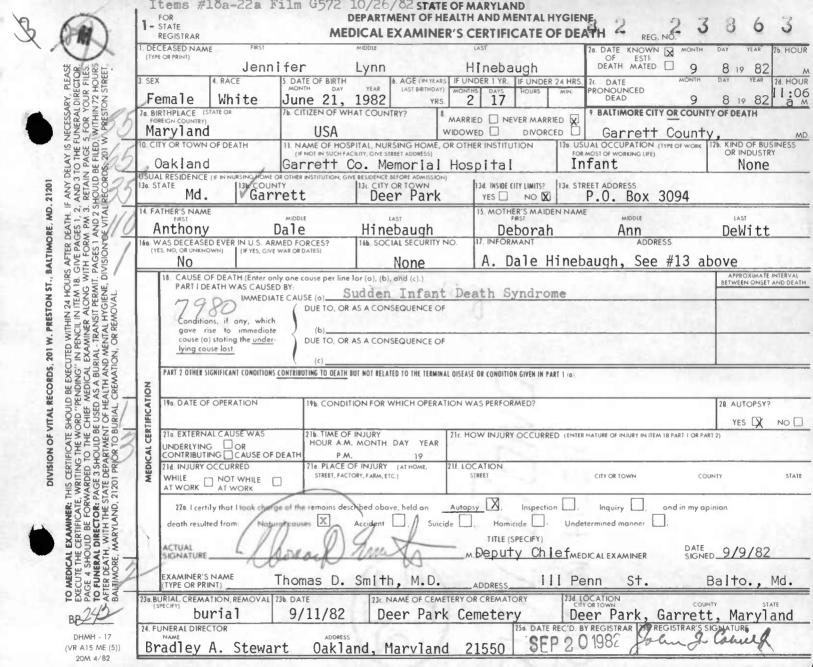
7		L	FOR - STATE REGISTRAR				ARTMENT OF CERTI	FICATE OF I	MENTAL HYG		2 REG. NO		3	8 6	0
-	-		CEASED NAME	FIRST		MIDDLE		LAST	150 150		FDEATH M			-	HOUR
20	(34 m) -	L	Wi	lliam		lward	EGG	ERS			ember		1982		130 P <sub>M</sub>
2	(Mill)	3. SE	Х	4	RACE	1111	S. DATE	OF BIRTH	YEAR	6. AGE (IN	YEARS LAST BIRTH	DAY)	IF UNDER		UNDER 24 HRS
44	100		Male		Whi		Janu				9	YRS.			14.174
#	70 01	The B	IRTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER	MARRIED -	9. BALTIMO	ORE CITY OR	COUNT	Y OF DEA	TH	
deo	100	1	Maryland		US		WIDOW		IVORCED [		rrett		-	21550	
fer	the f	70 C	ITY OR TOWN OF DEA	н 11		HOSPITAL, NU TH FACILITY, GIVE S	IRSING HOME	OR OTHER INS	TITUTION	(TYPE OF WO	OCCUPATIO	WORKING L	IFE) INDU	STRY	USINESS OR
201 ors o	10 E	1	<u>Oakland</u>				ty Memo	<u>rial Ho</u>	ospital	Mail	Carri	er	US	Posta	al Ser.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ottending physician.	ld bed in	13a.		136 COUNT	Υ	13c. CITY OR	TOWN	13d. INSIDE C	CITY LIMITS?	13e. STREET	ADDRESS				
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ARY	olete nd 2	14 1	FIRST	-	IDDLE	LAST			FIRST		WIDDIE		-	LAST	
E, M	WO X	160	Henry WAS DECEASED EVER I	J.	ED EODOES	Egger	SECURITY NO.	17, INFORMA	lizabet	th	C.	c	lay	ylor	
ORI	Poges medico		YES, NO OR UNKNOWN)		WAR OR DATES)					D . 1			0 1		
LTIN be	cian o ers. Po I.	-	No				8-4351	IMrs. F	Phyllis	Pache	co, Se	e #1			
VST., BAL	nt,		18 CAUSE OF DEATH PART I. DEATH WA	LEnter only AS CAUSED	one couse per BY-	0 /		. He.	- Aunt	,			BET		INTERVAL T AND DEATH
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¥ +	y th se re- cren rther		couse (a), stating	lost.	DUE TO, O	R AS A CONS	EQUENCE OF			/					
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DS,	sign hen to bu	Z	PART 2 OTHER SIGN	FICANTICC	DADITIONS <u>Co</u>	DIM I KIRU I IM G	TO DEATH BU	NOTRELATEL	O TO THE TERM	INAL DISEAS	SE OR COND	TION GI	IVEN IN PA	RT 1(a)	
000	nit. T	CERTIFICATION	19a DATE OF OPERAT	ON	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	20g AUT	OPSY?	20b. IF YE	S. WERE I	FINDINGS	USED
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/ITA	ate parsit tygie 8 sha	8	21a. ACCIDENT WAS UNDE	RLYING	21b. TIME C			21c HOW IN	JURY OCCURR				-		<u>о</u>
OF CIAN	certificate prial-transi ental Hyg Item 18 sh		OR CONTRIBUTING C		HOUR A.		DAY YEAR								
NO AYS II	buris ce	MEDICAL	21d. INJURY OCCURRI		21e. PLACE	OF INJURY		211 LOCATIO	ON	-	-				
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Z S	Aft se es solth mer		22a.1 certify that		) attended th	e deceased fr	am 10 -		1081	to		9	19 82	thota	(I)(we) last
TEN	TOR of He		sow the decease	alive on	10 -	2)	0-	nd that in my	(our) opinian o	deoth accurr	ed an the dot	e and ha	, . ,	,	
R All hosp	REC ned in ppt.	100	obave. (I) well di 22b. SIGNATURE	ay(did not)	view the body	offer deoth.		DEGREE					226.	DATE SIGN	NED
the of	efoci efoci re De			Mi	Curc	. 0		D. G. A	ATTENDING PHYSICIAN	MEDICAL	STAFF	ANICI	13	178	ENT8
PITA	FUNERAL sld be det to the Stote ORTANT:		22d. PHYSICIAN'S NA	ME (TYPE OF	PRINT)	2		22e ADDRES		DIRECTOR	L PHISICIA	114 []	1	1	0
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7 2		23a.	BURIAL, CREMATION, R		23b. DATE		23c. NAME OF			23d. LOC		Came	COUNTY	Manue	STATE
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<b>5</b>		REGISTRAR CEASED NAME	FIRST		MIDDLE	II TER 3	LAST			G. NO.	TH DAY	YEAR	2b. HOUR
DIVISION OF MITAL RECORDS—201 W. PRESTON STREET	TYP	PE OR PRINT)						1	OF EST		-	90	
	B. SEX	( [4, R/	Jame	S. DATE OF BIRTH	Henry	LVEARE IF I	Green INDER 1 YR. IF UN	NED 041100 10	DEATH MAT	ED O			114
	b. JC/	3. K/	100	MONTH DAY	YEAR LAST BIR		THS DAYS HOUR		RONOUNCED		^		2d HOUR
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4	P6 BI	RTHPLACE (STATE C	R	76. CITIZEN OF W	HAT COUNTRY?	8. MAR	RIED INEVER MA	RRIED -	9. BALTIMORE	CITY OR COL	INTY OF	DEATH	
7		Md.		US	A	WIDO		DRCED	Garre				MD
	10. C	ITY OR TOWN OF D	EATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OT	HER INSTITUTION	12a. USUA	AL OCCUPATIO	N (TYPE OF WOR	12b. K	IND OF BUI	SINESS
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	130. 5		13b. COUNT		13c. CITY OR TOW		136. INSIDE CITY LIMIT YES NO	G	ET ADDRESS	60			
	14. F/	ATHER'S NAME	Carr	rett	Lonacon	ng	15. MOTHER'S M.		1, Box	OU			
ı		FIRST		MIDDLE	EAST		FIRST	HOLITIAMIE	MIDDLE			LAST	
۱	14- 14	Benjamin	D INTITE ADA	5222022	Green	DITY NO	Jane 17. INFORMANT		40	DOFFE	W	eir	
	100. V	VAS DECEASED EVI ES, NO, OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	166. SOCIAL SECU	KIIT NO.	IV. INFORMANT		AU	Lona	coni	ing. M	d.
		No			216-38-1	327	Mrs Mar	y E. Gr	reen, Ri	1.Bc	x 60	21	539
		18 CAUSE OF DE	ATH (Enter only	one cause per lin	e for (o), (b), ond (c).)							APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
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	Z	TARE Z UINER SIGNIFIC	ANT CONDITIONS [	ONIKIBULING TO DEATH	BUT NOT RELATED TO THE	EKMINAL OISE	ASE OR CONDITION GIVEN	N PART 1 (a).					
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1	ICA	I DAIL OF OFE	KANON	IN COND	ITION FOR WHICH O	FERMION	WAS PERFORMED?				20	AUTOPSY?	
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I	CE	UNDERLYING		11b. TIME O		EAR 21c.1	HOW INJURY OCCU	RRED (ENTER NA	ATURE OF INJURY IN	ITEM 18 PART 1 OF	PART 2)		
	CAL	CONTRIBUTING	CAUSE OF D										
	MEDICAL	21d. INJURY OCCU			OF INJURY (AT HOME	. 21f. L	OCATION STREET		CITY OF TOWN				
	¥	WHILE AT WORK AT	WORK	SIREET, FAC	LIGRT, PARM, ETC )		SIKEEI		CITY OR TOWN		COUNTY		STATE
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		22a. I certify the	it I book charge	of the remains de	scribed obove, held o	7 Auto	psy 🔲 , Inspe	ction X,	Inquiry	and in my	opinian		
		deoth resulted fr	Nature	ol couses 🔼 🗡	Accident .	Suicide L	, Homicide L	Undeter	rmined monner	<u></u> ,			
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		EXAMINER'S MAN	E Jame	s H. Fe	aster, J	r., 1	M. D. 10 ADDRESS	7 S. 2	2nd. St	., W	c <sub>L</sub> an	id, Md	•
١	23a.B	URIAL, CREMATION	I, REMOVAL 123	b. DATE	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOC CITY OF	CATION				
	(:	SPECIFY)						CITY OF	RTOWN	C	OUNTY	STA	ATE
1	24 F	UNEXAL DIRECTOR	- 15	9-11-82	Grantsv	IIIe (	emetery	TE REC'D. BY	REGISTRAR IN	RECISTRAR	SSIGNA	TURE .	۵
1	- ,	NAME !	1-1	ADDRES			v.d	Am 4.1	1000	11 0	0 /	10 0 0	//
Į	2		7/2	ADDRES	Grantsv		Md.	FP 15	1984	John Cur	1	sour.	8

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/	11.	FOR STATE					MARYLAND H AND MENTAL H	YGIENE		3	8	6	2
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의 8 진 S 다.		CEASED NAM PE OR PRINT)	E FIRST	a (	)dell	НА	RDESTY	20. DATE OF DEATI	KNOWN C	9 9	13 <sub>19</sub>	82	112
	3. SE	x Female	4. RACE White	Nov. 28	YEAR LAST B	(IN YEARS IF U IRTHDAY) MON YRS.	NDER 1 YR. IF UNDER	24 HRS. 2c. DA'	INCED	момтн 9	13 <sub>19</sub>	82	120
STATE OF STA	M. E	IRTHPLACE (S DREIGN COUNTRY) aryland	TATE OR	76. CITIZEN OF V	WHAT COUNTRY?		RIED NEVER MARRI	ED U	MORECITY O Garret	-			AAF
PAGE 5	710.C	ity or town kland		(IF NOT IN SUCH	DSPITAL, NURSING H FACILITY, GIVE STREET ADDR Road Man	RESS)		12a USUAL OCC FOR MOST OF W	UPATION (TYPE		12b. KIND OR IN	OF BUSI IDUSTRY OME	INESS
ANY DE ANN DE AN	USU	AL RESIDENCE STATE Md	(IF IN NURSING HO)	ME OR OTHER INSTITUTION, UNITY	13c. CITY OR TOV	MISSION)		13e STREET ADD		414		1550	))
FTER DEATH. FPER DEATH. FPER PAGES 1, 2 FPORM PM 3 GES 1 AND 2 SION C VITALI	4	James	E	Ellot	Lish		15. MOTHER'S MAIDE	N NAME	Middle Mae		Harve		1
BALTIMOR  JRS AFTER DE  B. GIVE PAGE WITH FORM T. PAGES I A DIVISION CE	160.	WAS DECEASE (ES, NO, OR UNKNO NO	D EVER IN U.S.	ARMED FORCES?	168. SOCIAL SEC 220-32-		L. Donald	Hardest	ADDRESS y. Deer		k, Md		
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA'S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA'S REID OF THE WORD'S "PROBING" IN PEROLI IN TERN IS GIVE PAGES RED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM P. E. 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I ANY E DEPARTIMENT OF HALTH AND MENTAL HYGIENE, DIVISION CF. VOI PROR TO BURIAL. CREMATION, OR REMOVAL.		Condition gove ricause (o lying car	Ins, if any, whise to immedial stoting the unduse last.	DIATE CAUSE (a) Control (b) A1 one of the original (c) Control (c)	oronary ar or as a consequenterioscle or as a consequen	tery d	generalized				Yea	rs	NTERVAL AND DEATH
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E SHOULI WORD "P E CHIEF BEUSED NTOF HE	CERTIFICATION		AL CAUSE WAS								20 AUTO	_	<b>Х</b> NO <b>X</b>
BIVISION OF VITAL I  RE. THIS CERTIFICATE SHOUL VIE., WRITING THE WORD ""  DRWARDED TO THE CHIEF RE. PAGE 3 SHOULD BE USED E STATE DEPARTMENT OF HI  DIO, 21201 PR.OR.TO BURBAL	MEDICAL CE	UNDERLYING CONTRIBUTI 21d INJURY	G OR NG CAUSE O	OF DEATH P.		YEAR 9	OCATION	D (ENTER NATURE OF			RT 2)		STATE
TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATHN ORE, MARYLAND, 21201	*	AT WORK	1/	arge of the remains d	escribed above, Neld Accident	Suicide [	Hamicide	Undetermined r	y [3], and	f in my op	omion	109	
AEDICAL CUTE THE E 4 SHO CUNERAL SR DEATH	16	EXAMINER'S	NAME Jame	es H. Feas	ter, Jr.,		107 S	MEDICAL EXA			9-13, Md.		52
TO PAGE	23a. E		TION, REMOVA		23c. NAME OI		_ADDRESSOR CREMATORY	23d. LOCATION	ark, Ga	COUN	NTY	STAT	and
DHMH - 17	-	UNERAL DIREC	CTOR	ADDRE	ss		250. DATE R	EC'D. BY REGISTE	AR REGIS	TRAR'S S	IGNATURE	E	
(VR A15 ME (5))	I B	radlev	A. Stew	art. Oakl	and, Mary	land :	21550   SEF	2 0 1982	four	with	Come	1K	





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	DECEASED NAA (TYPE OR PRINT)	Conle	y t	Alfred		Lewis					KNOWN ESTI- MATED	MOI MOI			25. 1100K
	Male BIRTHPLACE (	White	5. DATE OF BIRTI	-13 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		ER 1 YR.	HOURS	R 24 HRS.	PRONOUN DEAD		MOM	28	3 8	2d. HOUR 410P M
34	OREIGN COUNTRY	giria	U.S.	4.	\	MARRIED		DIVOR	CED D		ret	t			MD.
15	Oaklan	ıd	(DOA) G	FACILITY, GIVE S	IRSING HOME, O STREET ADDRESS) t CO. Me	m. H			5° US	WAL OCCUP MOST A WOL	LOP	erat	OR 12b.	OR INDU	BUSINESS
130	Vest Va	(IF IN NURSING HOME)	or other institution.		OR TOWN	13	3d. INSIDE (	CITY LIMITS?	13. 9	REET ADDRE	ss, J	erra	ALŁ	a, WI	26764
14	FATHER'S NAM	.E We	aley	Lewi	LAST	1	S. MOTH	ER'S MAID	rie nie	E M	ISPLE		Grov	LAST	
N.	(YES, NO, OR UNKN	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	1111111	16-4740		7. INFOR		ey A.	Lewi	ADDRE 4, J		ve.	Jen	ıa
	18 CAUSE O	OF DEATH (Enter or EATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)	Con	ronary a	rter	y di	sease				ALL		APPENDATE YEAR	AN INTERVAL
ATION, OR REMOVAL.		ons, if any, which			NSEQUENCE OF terioscl	eros.	is,	gener	aliz	ed				11	
Notes	cause (c lying co	) stoting the <u>under</u> use last.	DUE TO, C	R AS A CON	NSEQUENCE OF										
2		SIGNIFICANT CONDITIONS	ior myoca												TD.
CEPTIFICATION	19a. DATE O	FOPERATION	~		WHICH OPERAT				-				2.0	D AUTOPS	
		AL CAUSE WAS G OR ING CAUSE OF		M. MONTH		21c. HOV	V INJURY	OCCURRI	ED (ENTER	NATURE OF INJ	URY IN ITEM	18 PART 1 C	OR PART 2)	YES _	NO 🔀
MEDICAL	21d. INJURY WHILE AT WORK		21e PLACE	M. OF INJURY CTORY, FARM, E		21f. LOCA STRE				CITY OR TOV	VN		COUNTY		STATE
	220 I cert	ifythat I took charg	ge of the remains d	escribed abo		Autopsy		Inspection		Inquiry termined ma		ond in m	y opinion	n	
	ACTUAL SIGNATURE	Den ,		Accident	1	0	TITLE (S	SPECIFY)				۸۵ .	ATE	0.01	
730	EXAMINER'S	NAME Tames	s H. Feas	ten	In M		DEPU			nd. St			and.		1=1982
230			2-30-82		NAME OF CEME				1			-			on; WV
12	FUNERAL DIRE		f / hou	105	Highlan	Ave	enue	250. DATE		registra					1
E		1. Will	inan	Jen	a Alta,	WV	2670	4 0		1001	1		7.4 00	- Turk	^

Conley Altroit Comin Male White 2-25-13 69 ent linguism U.S. v. vest in neaton coma ita

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Dan i'il sendion

of nive. , enca alta. " State

Tinnie 1. (noved

236-16-4710 Ins. Contes A. Lewiss, Jou Ave., Jerra

unial

0-30-82 (ah Grave emetery 105 hichland vonue erra Alta, W 25764

Pt. 2, erra Alta neston, "

Oakland, Maryland

21550

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Bradlev A. Stewart

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

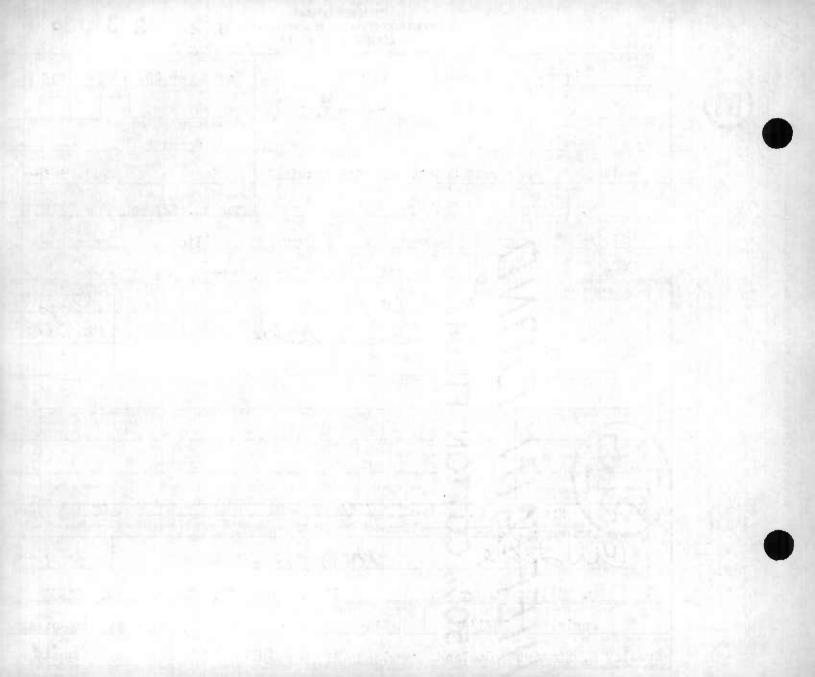
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	١,	FOR STATE			DEPAR		E OF MARYLAND LEALTH AND MEN		ENE 8 2	2	3 8	6	1
	'	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. NO	0			
		CEASED NAME	FIRST		MIDDLE		AST		2a DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
			roy	Ray	/mond	MUR	PHY		September	28.	1982	915	PM
	3 SE	X		4 RACE		5 DATE O		YE AR	& AGE   IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEA		24 HRS
		Male		Wh:	i te	Janu		24	58	YRS	MONTHS DAYS	HOURS	MIN.
91	Ta. BI	RTHPLACE (STATE OR FOR	REIGN	76 CITIZEN OF	WHAT COUNTRY	(2.8	D NEVER MAR		9 BALTIMORE CITY O		OF DEATH		
05		West Virgin	ia	US		WIDOW	DIVOR	CED 🗌	Garr	ett			MD.
	10. CI	ITY OR TOWN OF DEAT	Н	11. NAME OF I	OSPITAL, NURS	ING HOME	OR OTHER INSTITUT	TION	120 USUAL OCCUPATION	ON	126 KIND	OF BUSINE	ESS OR
105		0akland	-	Garret	County	Memor	ial Hospi	ital	Miner	WORKING LIF		Minir	na
75	13n S	AL RESIDENCE (IF NURSIN	G HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY L		13e STREET ADDRESS				
55		Md.	-	rett	Oaklan			X	Star Rt. #	2. Bo	x 130	(215	50)
	14_FA	ATHER'S NAME		AIDDLE		*	15. MOTHER'S MA		∧E		100	(210)	201
10		William		enrv	Murph	V	Luc	v	Alice		Bowma	an	
		VAS DECEASED EVER II	VU.S. AR/	MED FORCES?	16h SOCIAL SEC		17 INFORMANT	.,	ADDRE	SS	DOWN	ALI	
	,	YES, NO OR UNKNOWN)		WAR OR DATES)	236-20	-9417	Mrs Hel	en P	Murphy, Se	ap #1'	3 above	2	
		18 CAUSE OF DEATH					7	CIII	Traipily 5 O			XIMATE INTER	RVAL
, a		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSEL	E CAUSE (a)	Cenal	bow	line.				X	Phone	1
2		1029	WWEDIAI	DUE TO: O	TO A CONSEQ	V						9-	
		Canditians, if any,	which	( b)	aucu	ANTO	or the	adde	5		m	will	20.
		gave rise to imme	ediate	DUE TO O	R AS A CONSEO	HENCE OF	700						
5		underlying cause	last.	(6)	AS A CONSEO	OEINCE OF							
		PART 2 OTHER SIGNI	FICANTO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONI	DITION GIV	EN IN PART	l(a)	
5	NO.												
4	CATI	19a DATE OF OPERATI	ON	196 CONDI	TION FOR WHIC	H OPERATIO	n was performe	D	20a AUTOPSY?	20b. IF YES	S, WERE FIND	INGS USE	D
1	TIE								YES NO K		S [	NO [	
0	CERT	21a. ACCIDENT WAS UNDE	the same	216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	y occu <b>rr</b> e	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)		
7	CAL	OR CONTRIBUTING CA		P.		19							
	MEDICAL	21d INJURY OCCURRE		21e PLACE	OF INJURY EET, FACTORY, OFFICE	CARAL ETC.)	211 LOCATION		CITY OF TOW	/N	COUNTY	61	TATE
2	2	AT WORK AT WOR	K	(Al tione, sta	ELI, FACTORI, OFFICE	i, rakin, erc j						31	A16
		220.1 certify that (I) (	ペメヤスマ	attended the	deceased fram	87	14/	<u>9 82 </u>	_, ta9/28/		19_82	, that (I) (	<b>X</b> N last
7		saw the deceased abave, (1) ( <b>XX</b> (di				82	nd that in (my) XX	opinion de	eath accurred an the do	ite and hav	r and fram th	e causes sta	ated
		22b. SIGNATURE	2	.00.	errer deerrii		DEGREE				22c. DAT	ESIGNED	
		CON	de	soll		V.		NDING SICIAN X	MEDICAL STAF		0	1/29/8	32
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e. ADDRESS			-		7 = 5 7	
5		Dr. W	illia	am Fedde	. MD		311 N.	Fourt	h St., Oak	land.	Md. 2	21550	
	23a. B	BURIAL, CREMATION, R				NAME OF C	EMETERY OR CREA		23d. LOCATION		COUNTY		ATE
	(:	buri	al	10/1/	82	Oakla:	nd Cemete	rv	Oakland.	Garre		Maryla	
	24. FU	JNERAL DIRECTOR		-, -,	ADDRESS				REC'D. BY REGISTRAR			TURE	_
	Br	radley A. S	tewar	rt Oak	land, M	arylan	d 21550	00	T 6 1982	Late	note a	abilly	R

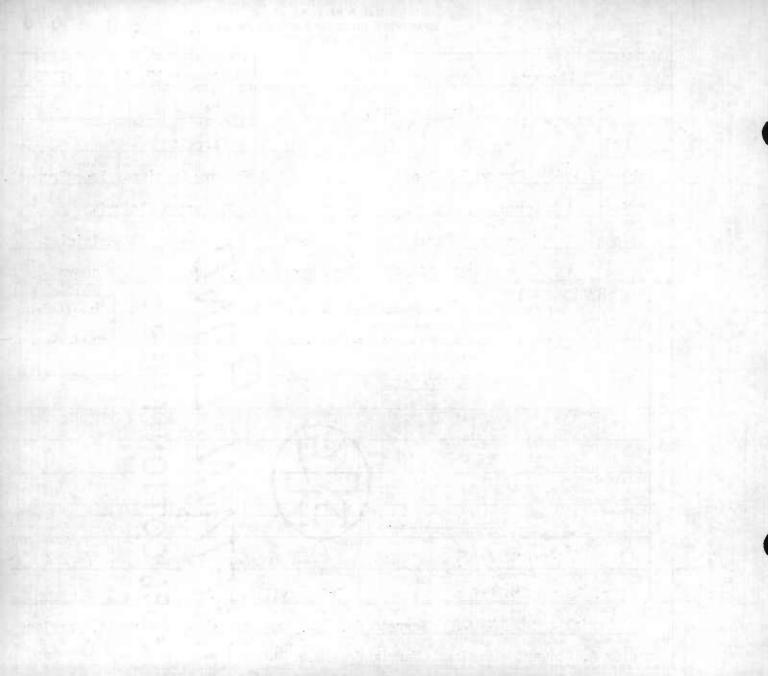
DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

retained by the hospital ar attending physician.



	1	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND FALTH AND MENTAL H CATE OF DEATH	HYGIENE 8 2	2.	3 8	6 8
0.4		OR PRINT)	RST	MIDDLE	LA	ST	2ª DATE OF DEATH		DAY YEAR	26 HOUR
-			sworth	Marion		rks	September		1982	1253 Am
CAN.	3 SE	X	4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	1F UNDER 24 HRS HOURS MIN
DET	7 0	Male		White		9, 1907	74	YRS		
1/2	C. BI	RTHPLACE (STATE OR FOREK DUNTRY)  Ohio	on 176 CITIZ	EN OF WHAT COUNTRY!	MARRIED	NEVER MARRIED			TY OF DEATH	
00		TY OR TOWN OF DEATH  Dak land (2155)	0) May	ME OF HOSPITAL, NURSI OT IN SUCH FACILITY, GIVE STREE HEW INN ROAD	NG HOME O		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Foundry Pr	ION OF WORKING I	LIFE INDUSTRY	F BUSINESS OR Product
52			HOME OR OTHER INS COUNTY LaPorte	134. CITY OR TOV LaPort	RE ADMISSION)	13d Inside City Limits Yes 👿 NO 🗌	?   13e STREET ADDRESS 90 Kesto			
137		THER'S NAME FIRST John	Henry	Parks		15 MOTHER'S MAIDEN	MIDDLE		Heini	cius
s bogs		/AS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF	J S ARMED FOR YES, GIVE WAR OR D			Mrs. Hasale	eah M. Parks,			VE
n signed by the attending p Then please remove carbans rto burial, crematian, ar rem injury, ar ather traumatic eve	NOI	Canditians, if any, what gave rise to immedicate to a stating underlying cause I	ate the DUE	TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO	ENCE OF	a D Lun	ERMINAL DISEASE OR CON	NDITION G	Monto IVEN IN PART 110	-15
rate has been ransit permit. Hygiene prior 18 shars any i	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY		CONDITION FOR WHICH	OPERATION		20a AUTOPSY?  YES NO X  URRED (ENTER NATURE OF INJ	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES	OF DEATH?
After this certificate as the burial-trail alth and Mental Hymarked ar Item 18	MEDICAL C	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	AMINER)	P.M.  PLACE OF INJURY  OME, STREET, FACTORY, OFFICE,	19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
for us of He 21 is		220.1 certify that (1) (thi saw the deceased above. (b) (see self.)	fire po	1-15 10	_		ian death occurred an the c			that (I) (we) tast causes stated
be detached be state Dept. (ANT: # Hem		226. SIGNATURE	(TYPE MARINIT)	Htel	0	EGREE ATTENDING PHYSICIAN 22e ADDRESS			22c. DATE	ZZ-S
should be defi with the State		Dr. Geor				Friendsvi			- 12-12-1	
- ~ > 5	23a. E	URIAL, CREMATION, REA				METERY OR CREMATOR	CITY OR TOWN	1 0	COUNTY	STATE
5 50M 1/76 15 (4) )		burial  NERAL DIRECTOR  radley A. St		/20/82 Gar Oakland, Ma		25o. [	rdens Oakland Date REC'D BY REGISTRAR P 29 1982			



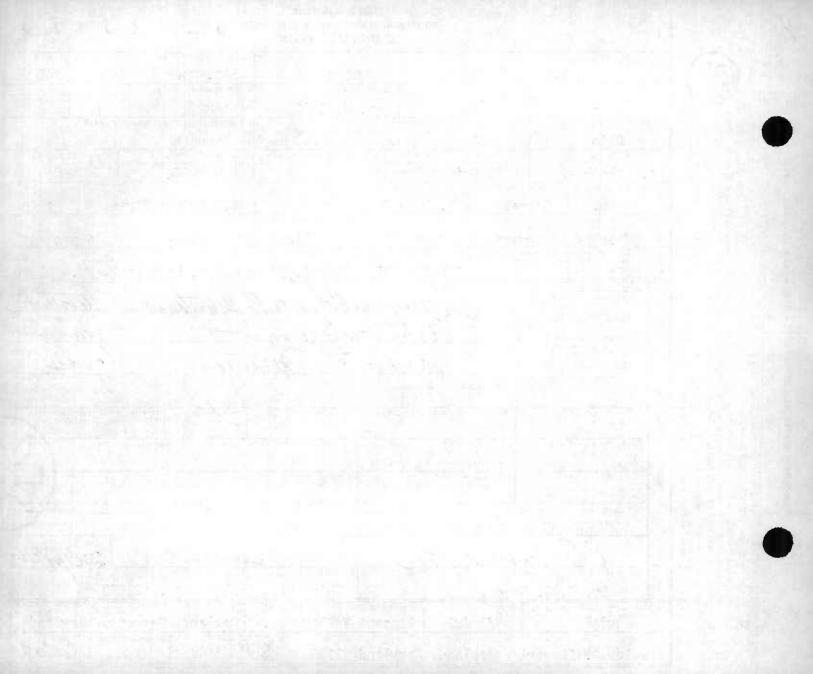
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

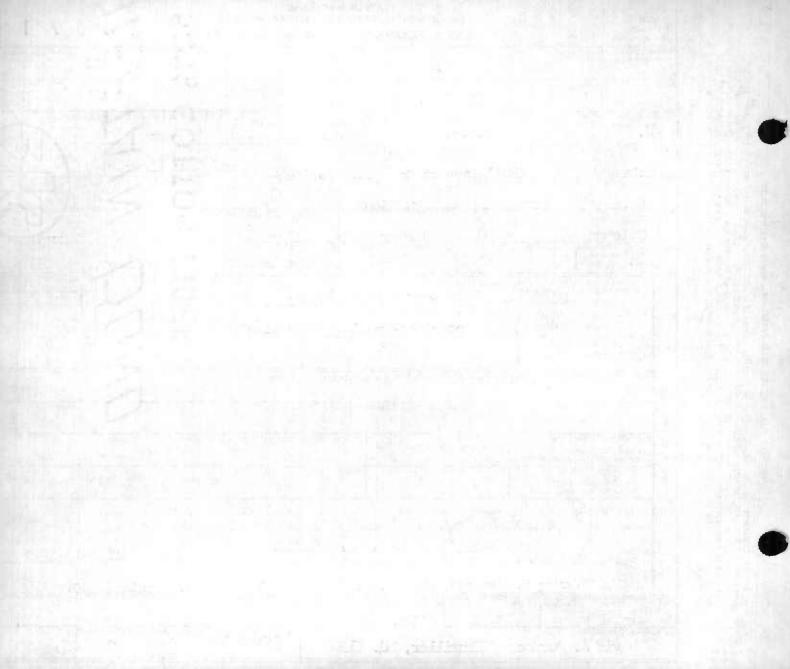
FOR

Onkland I Garratt Co. Hemorial Houstel -1 4521 Capt Mact Park hard Att Timedans transcontact Sentraction des-16-camas christopher dover annerolar, Md. 245 Designat Correct Assistant Constant Constant Correct Party and Dend Puneral Moral of the Mary Land

	1	FOR STATE REGISTRAR	DEPA	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE 8 2	2 3 8	7 0
	1 DE	CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	H DAY YEAR	2b HOUR
		Nellie	Yoho	SIM	PSON	September 1	6, 1982	245 F
	3 SE		4 RACE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
		Female	White	Nov.	9, 1893		YRS	
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
72		Ohio	USA	WIDOWE	D DIVORCED	Garrett		
200		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	TREET ADDRESS)	R OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) INDUSTRY	OF BUSINESS
10	HUSU	Lake Park AL RESIDENCE (1F NURSING HOME O	211 Sciote S	STYPET BEFORE ADMISSIONI		Housewife		lome
35	130	Md.   Gai	NTY 134 CITY OR			211 Sciote	Street	2155
	14. F.	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA FIRST	WE	LAS	5T
10		Charles Ed	dward Yoho	-	Alice		Chi	urch
		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRESS		
	4	No	235-58	8-9817	Glen A. Simi	oson, Mt. Lake	Park, Md.	. 215
ws ony injury, or oth	CERTIFICATION	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (198 DATE OF OPERATION)	DUE TO, OR AS A CONSI	TO DEATH BUT		AINAL DISEASE OR CONDITIO	IF YES, WERE FINDING CAUSES	NGS USED
8 Sh	GE E	21a. ACCIDENT WAS UNDERLYING		D V5.1D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		140
E		OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
ked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STAT
em ZI is mor		22a I certify that (I) (the took		19, an	, 19 69 d that in (my) (XX opinion DEGREE	, to 9/16/ deoth occurred on the date or		
MPORTANT: # #		274 PHYSICIAN STHAME (1979E C		5	22e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN		4678
2			Mance, MD			Oakland, Md.	21550	
	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) <b>burial</b>			Walley Cem.	Oakland, Ga	rrett, Man	ryland
,		UNERAL DIRECTOR	ADDRES	S	TOPIC .	E REC'D. BY REGISTRAR 25b. R	7 1	
	Br	adley A. Stewar	rt Oakland, 1	Maryland	21550	EP 29 1982	sangle 1	Camel



7	1-	FOR STATE REGISTRAR			DICAL EXAMI	HEALTH			54	3. NS.	3 8	7	1
<b>新年</b> 校長年		CEASED NAME E OR PRINT)	John		F.	I	asker		OF ESTI- DEATH MATED	_ a	10	YEAR 82	26 HOUR 624Р м
8-0-0	3. SEX		W.CE	5. Date of Birth	1905 '^77"	YEARS IF UIT HDAY) MONT YRS.		URS MIN.	2c. DATE PRONOUNCED DEAD	9	10	YEAR 82	24 HOUR 624P M
S NECESS	Ň	RTHPLACE (STATE O		U.S.	Α.	WIDOV		NORCED -	9. BALTIMORE CI Garret	t			MD.
DELAY IS TO THE IS	5	iy or town of d akland			PITAL, NURSING HOADING, GIVE STREET ADDRESS	)	er institution Hospital	Ret	JAL OCCUPATION MOST OF WORKING LIFE  COAL M		12b. KIN OR	ID OF BUS INDUSTR	SINESS Y
21201 ANY I AND 3 RETAIL FOULD	130. S	LE RESIDENCE (IF IN) TATE  Md.	13P CORN.		13c. CITY OR TOWN	SION)	134 INSIDE CITY LI		EET ADDRESS				
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3. HOSEN OF AND 2 SI VISION OF VITAL		Soloman		MIDDLE	LAST Tasker		First E1	MAIDEN NAME	WIDDLE			arver	7
URS AFTER DEATH.  URS AFTER DEATH.  B. GIVE PAGES 1,  WITH FORM PM.  IT. PAGES 1 AND 2,  DIVISION—CEVITA.	16a. V (YI	VAS DECEASED EVI ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	217 01 4		Fred	Tasker	Kit	zmille			L538
201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W. RAL-TRANSIT PERMIT. D MENTAL HYGIENE, D ON, OR REMOVAL.		Conditions, if gove rise to couse (a) statilying couse la	IMMEDIAT any, which immediate ng the under- st.	CE CAUSE (o) CO AY  (b) AY  DUE TO, OR AY  (c)	oronary ar as a consequence rterioscle as a consequence	rosis cor	, genera				BETW	PROXIMATE EEN ONSET PARS	INTERVAL AND DEATH
VITA SHOW CHIE SE USI	CERTIFICATION	PART 2 OTHER SIGNIFIC 19a DATE OF OPE 21a EXTERNAL CA	RATION	19b. CONDIT		ERATION W	AS PERFORMED	??	NATURE OF INJURY IN ITE	M 1B PART 1 OR	Y	UTOPSY?	но 🖰
TAAAKE 13AAKE	MEDICAL	UNDERLYING CONTRIBUTING [ 21d INJURY OCCU WHILE NO AT WORK AT	CAUSE OF D	P.M.	MONTH DAY YE.  19 FINJURY (ATHOME, DRY, FARM, ETC.)	21f LC	CATION STREET		CITY OR TOWN	(	COUNTY		STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		ACTUAL SIGNATURE	Natur	ol couses 🗼 ,	Acident , M	Autop Suicide	, Homicide TITLE (SPEC DEPUT	Y MED	Inquiry X ermined monner [	SHILLS.	E <sub>NED</sub> 9-1		82
PAGE TO PAGE	23a.Bi	JRIAL, CREMATION PECIFY) PUTIAL			23c. NAME OF C	EMETERY C	ADDRESS 10	[23d, LC	d. St., ( OCATION OR TOWN Mt. Zion	_	d, Md ounty Sarret	STA	Md.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 F	JINERAL DIRECTOR	A. Burd	137 (4 = 4, 7, 7)	miller, Mo	Hawa hours		SEP 2 C	REGISTRAR 2007	REGISTRAR'S			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	200	ha
	OR PRINT)		WIDDLE	ſ	AST	20. DATE OF DEATH MONT		26 HOUR
	Mar		าท		CKETT	September 20		1220P M
3 SEX	X	4 RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	Female	Whit		Aug.			YRS.	
	RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	aryland	USA		WIDOWE	D X DIVORCED	Garrett		MD
10 CI	TY OR TOWN OF DEATH  Oakland	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ial Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  HOUSEWIFE		OF BUSINESS OR
USUA 13a. S				ADMISSION)	134 INSIDE CITY LIMITS?	Route #1,	Box 252	(21550)
14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		ASI
	Harry	Henry	West		Minnie		Fa	rrell
	AS DECEASED EVER IN U	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
	No		216-22-7	037	Henry C. Tri	ckett, Oakland	d, Md. 2	1550
CERTIFICATION	Conditions, if any, wh gove rise to immedi couse (a), stating underlying couse li	ost. (c)  CANT CONDITIONS CO	R AS A CONSEQUE	NCE OF C. V.S DEATH BUT		IN AL DISEASE OR CONDITION  1200 AUTOPSY? 200.	IN GIVEN IN PART I	INGS USED
MEDICAL CERTIF	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICAL EX 21d. IN JURY OCCURRED  WHILE AT WORK AT WORK	HOUR A. AMINER) P. 21e PLACE	M. MONTH DA	19	21c HOW INJURY OCCURE	YES NO RED (ENTER NATURE OF INJURY IN IT	YES EM 18, PART 1 OR PART 2} COUNTY	NO
	220. I certify that (I) this saw the deceased above. (I) well still 22b. SIGNATURE	s hospital) attended the live on 10 7 8 (did not) view the body	ofter death. 198			MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAT	in tha (I) (we) last in couses stated E BIGNED
	SURIAL, CREMATION, REM	AOVAL 236. DATE	23c. N		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 50M 1/76

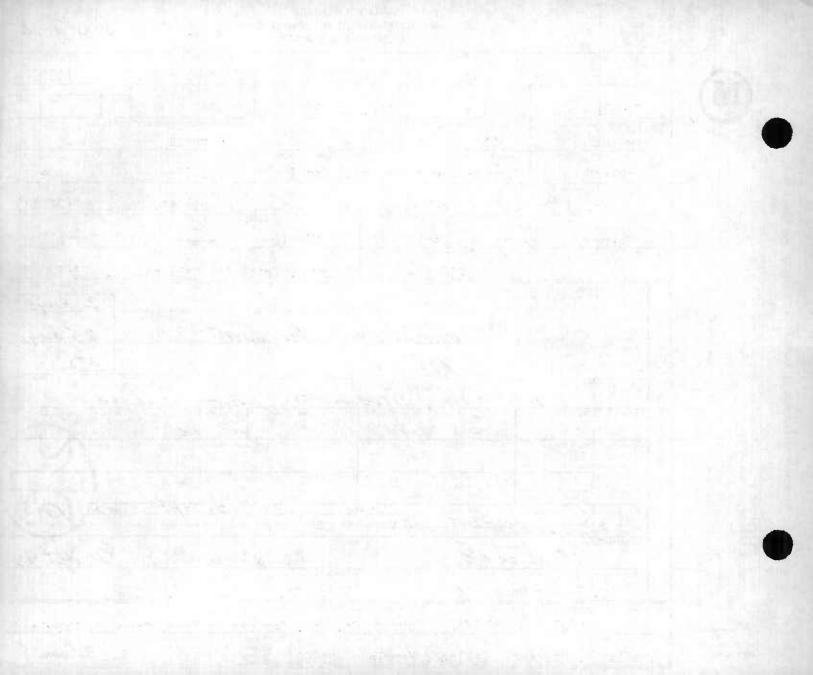
BP

24 FÜNERALDIRECTOR
Bradley A. Stewart (VR A 15 (4))

FOR

Oakland, Maryland 21550

Gardens 250. D'ATE REC'D. Oakland Garrett.
BY REGISTRAR 256. REGISTRAR'S SIC



STATE OF MARYLAND

September 10, 1982 4:42			self el	ex.
THE STATE OF THE S	2001 .00	vol	mild?	ciamo
Carrett			120 / 100	68
Cuntoffian Solidal	Lastanos	in Properties	Sterrag	Bantino
Nt. 7 Pag 244 Log Ch.		bool de	diamen	
Mella Terman	725"	James II.		
pole - name - nieg	Territoria D	12-36-5520		
Maryland oreso	Dakland,		.6.G .eemos	nmodi
581 Tuesd Smelles (ferum)		managig i	P/E1/2 3/1	Feinne
	11 11 11 11 11	onicland, "	aral lone	nutt Joseph

Male  White  Sept. 3, 1901  ALRACE  White  White  Month  Sept. 3, 1901  MARRIED  NEVER MARRIED  WIDOWED  WIDOWE	
REGISTRAR  1. DECEASED NAME FRIST MIDDLE LAST 20 DATE OF DEATH MONTH DAY Frank Theodore WEASENFORTH September 19, 19  SEX  Male  White  September 19, 19  Se	82 P P STATE OF BUSINESS C INDUSTRY
Frank Theodore WEASENFORTH September 19, 19  SEX  Male  White  Sept. 3, 1901  81  YEAR  NONITH DAY  YEAR  NONITH DAY  YEAR  NARRIED NEVER MARRIED  WIDOWED DIVORCED  Oakland(21550)  Garrett  SUSA  USA  USA  USA  USA  Widowed Divorced  Garrett  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Garrett County Memorial Hospital  Miner  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  WYO.  13d INSIDE CITY LIMITS?  W.Va.  Grant  Bayard  FATHER'S NAME  FIRST  MIDDLE  MIDLE  MIDDLE  MIDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDLE  MIDDLE  MIDLE  MIDLE  M	82 P P SUNDER 1 YEAR IS UNDER 24 HR WITHS DAYS HOURS MIN
Frank Theodore WEASENFORTH September 19, 19  15EX  Male  White  Sept. 3, 1901  6 AGE (INVERSIAST BIRTHDAY)  FRANCE  White  Sept. 3, 1901  81  YRS.  9 BALTIMORE CITY OR COUNTRY OF COUNTRY OF WHAT COUNTRY?  WIDOWED  DIVORCED  Oakland(21550)  Garrett  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  SUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  SUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13. STATE  13. COUNTY  13. COUNTY  Bayard  FATHER'S NAME  FRST  MIDDLE  MIDDLE  15. MOTHER SMAIDEN NAME  FIRST  MIDDLE  MIDLE  MIDDLE  MIDLE  MIDLE  MIDLE  MIDLE  MIDLE	JUNDER 1 YEAR IF UNDER 24 HR HTHS DATS HOURS MIN F DEATH  A 12b KIND OF BUSINESS CINDUSTRY
Male  White  Sept. 3, 1901  81  YRS  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  W. Va.  USA  WIDOWED DIVORCED DIVORCED DIVORCED GARRETON (IVEN OF WHAT COUNTRY)  Oakland(21550)  SUAL RESIDENCE IF NURSING HIME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 11d. STATE  W. Va.  Grant  Bayard  FATHER'S NAME  FIRST  MIDDLE  AGE (IN YEARS LAST BIRTHDAY)  FIRST  MONTH DAY  YEAR  NEVER MARRIED WAS NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED  Garrett  110. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  11d. STATE  11d. STATE  FATHER'S NAME  FIRST  MIDDLE  MIDDLE  AGE (IN YEARS LAST BIRTHDAY)  FIRST  MARRIED WAS NEVER MARRIED DIVORCED DIVO	F DEATH  A  12b, KIND OF BUSINESS CINDUSTRY
Male  White  Sept. 3, 1901  81  YRS.  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  W.Va.  USA  USA  USA  WIDOWED D DWORCED Garrett  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Garrett County Memorial Hospital  Wine  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  W.Va.  Grant  Bayard  15. MOTHER SNAME  FRIST  MIDDLE  MARRIED X NEVER MARRIED DEVENT ARRIFOLD DEVORCED DEVORCED DEVORED	F DEATH  12b. KIND OF BUSINESS CINDUSTRY
76. CITIZEN OF WHAT COUNTRY?  W. Va.  USA  USA  WIDOWED DIVORCED DIVORCED  Oakland(21550)  Garrett  SUAL RESIDENCE (IF NURSING H. ME OR OTHER INSTITUTION GIVE RESIDENCE BÉFORE ADMISSION)  I.G. STATE  W. Va.  Grant  Bayard  15. MOTHER SNAME  FRIST  MIDDLE  P. O. BALTIMORE CITY OR COUNTRY OF  Garrett  Garrett  Garrett  Miner  120. USUAL OCCUPATION (IT YE OF WORK FOR MOST OF WORKING LIFE)  Miner  130. STREET ADDRESS  P. O. BOX 63 (2)  15. MOTHER SNAME  FRIST  MIDDLE	12b. KIND OF BUSINESS CINDUSTRY
W.Va. USA   WIDOWED   DIMORCED   Garrett    IT CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Oakland(21550)   Garrett   County Memorial Hospital   Miner    SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)   13d INSIDE CITY LIMITS?   13e. STREET ADDRESS    W.Va.   Grant   Bayard   YES   NO   13d INSIDE CITY LIMITS?   P.O. Box 63 (2)  FATHER'S NAME   FIRST   MIDDLE   LAST   FIRST   MIDDLE   MIDDLE    MIDDLE   MIDDLE   MIDDLE   MIDDLE   MIDDLE   MIDDLE   MIDDLE    W.Va.   WIDOWED   DMORCED   DMORCED   Garrett    I2e. GUSTANT   12e. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE)    MINER   MIDDLE   MIDDLE   MIDDLE   MIDDLE   MIDDLE    W. Va.   Grant   Bayard   MIDDLE   MIDDLE   MIDDLE   MIDDLE   MIDDLE    MIDDLE   MIDDLE   MIDDLE   MIDDLE   MIDDLE   MIDDLE   MIDDLE    W. Va.   WIDOWED   DMORCED   DMORCED   DMORCED   MIDDLE   MIDDLE    W. Va.   WIDOWED   DMORCED   DMOR	12b. KIND OF BUSINESS ( INDUSTRY
Oakland(21550)  SUAL RESIDENCE IF NURSING HIME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  W. Va. Grant  Bayard  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YE OF WORK FOR MOST OF WORKING LIFE)  Miner  III. NAME OF HOSPITAL HOME (IF NOT IN SUCH FACILITY HOME)  III. NAME OF HOSPITAL HOME (IF NOT IN SUCH FACILITY HOME)  III. NAME OF HOSPITAL HOME (IT YELD WORK FOR MOST OF WORKING LIFE)  MINER  III. NAME OF HOSPITAL HOME (IT YE OF WORK FOR MOST OF WORKING LIFE)  MINER  III. NAME OF HOSPITAL HOME (IT YE OF WORK FOR MOST OF WORKING LIFE)  MINER  III. NAME OF HOSPITAL HOME (IT YE OF WORK FOR MOST OF WORKING LIFE)  MINER  III. NAME OF HOSPITAL HOME (IT YE OF WORK FOR MOST OF	12b. KIND OF BUSINESS (INDUSTRY
Oakland(21550) Garrett County Memorial Hospital Miner    SUAL RESIDENCE   IF NURSING H   ME OR OTHER INSTITUTION   GIVE RESIDENCE BEFORE ADMISSION   13d   INSIDE CITY LIMITS?   13e. STREET ADDRESS   NO	
SUAL RESIDENCE (IF NURSING HIME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) I.G. STATE    130 COUNTY   13c. CITY OR TOWN   13d INSIDE CITY LIMITS?   13e. STREET ADDRESS   15c. STREET ADDRE	
W. Va. Grant Bayard YES NO X P.O. Box 63 (2	
FATHER'S NAME  FIRST MIDDLE LAST FIRST MIDDLE	6720)
Otto Weasenforth Elizabeth	Hawk
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	TIGWK
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 236-14-5842 Mrs. Elsie C. Weasenforth, See	#13 abovo
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEAT
4140 IMMEDIATE CAUSE (a)	
DUE TO, OR AS A CONSEQUENCE OF ACAD	V
Conditions, if ony, which (b)	Years
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 10
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
YES NO X YES	] NO [
	OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19	
OR CONTINUOUS CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK AT WORK	STATE
220.1 certify that (1) (this Jospital) attended the deceased from 1982, to 1971	that (I) (ve)
saw the deceased glive an	
27b. SIGNATURE  DEGREE	22c DATE SIGNED
ATTENDING MEDICAL STAFF	01/20
	1 2
PHYSICIAN DIRECTOR PHYSICIAN 122e ADDRESS	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or Item 18 shows any in

Bradley A. Stewart

burial

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Oakland, Maryland

9/22/82

23b. DATE

21550

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
Bayard, Bayard Cemetery

Grant

STATE